

ANNEX 7-B**MANDATORY/INVOLUNTARY SEPARATION**

THRU

Commander, _____

Commander, _____

FOR: CAJS-HR-AGR, P.O. BOX 269101, Sacramento, CA 95826-9101

1. Acknowledge receipt of separation notification dtd_____.
2. I request _____ days transition leave beginning _____ and ending on _____ (attached DA Form 31 with blocks 1-20 completed.) I understand no changes will be authorized once approved.
3. I certify I have been paid _____ days accrued leave since 10 Feb 76.
4. I fully understand the following:
 - a. I will be carried AWOL if I depart my duty station prior to my separation date.
 - b. I am required to turn in my active duty ID card and my family member(s) active duty cards on my separation.
 - c. Out-processing is done by mail only.
 - d. If I desire a separation physical, it is my responsibility to schedule one prior to my separation date. I understand any medical treatment required after separation may be provided by the Veterans Administration Hospital.
 - e. I will not receive any pay during my final 30 days before my separation date. The final check will reflect all income due to me – less money I owe the government. I understand my final check and DD Form 214 will be mailed to me within 30 days of my separation date.
 - f. I understand I will not be entitled to separation pay.
 - g. I understand I will not be allowed to reenter the AGR Program.
5. I do/do not have an outstanding Army/Navy Emergency Relief (AER/NER) Loan. (Circle one).

6. I understand this separation is from AGR only, I will be reassigned to the following MTOE position: (Enlisted – attach CAL ARNG Form 680-2-6, Officer/Warrant Officer attach request for reassignment)

UNIT NAME _____ UIC _____

DMOS: _____ PARA/LINE: _____ TITLE: _____

7. I request a PCS move to my HOR of _____. (Enter HOR established at original entry into AGR Program. PCS may be authorized if AGR member received a PCS during AGR status).

8. The following address will be valid for 12 months from my separation date. Request my DD Form 214 and W2 Form be mailed to me at: _____.

(Signature)

(Typed Name/Rank)

(SSN)

(Unit)

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Attached copies of DA Form 31 and DA Form 4187(s) (AWOL) are for all periods of leave/AWOL for AGR member with in 90 days of request separation date. I certify all dates are correct and will not be changed.

(Signature of Approving Authority)

(Typed signature block of Leave Approving Authority)